United States District Court

-Eastern District of Tennessee

n No. 1:19-cv-00295

SUBPOENA TO TESTIFY AT A DEPOSITION IN A CIVIL ACTION

To: Lt. Jack Sapp c/o Keith H. Grant Robinson, Smith & Wells, PLLC 633 Chestnut Street, Suite 700, Chattanooga, TN 37450 (Name of person to whom this subpoena is directed)

Testimony: YOU ARE COMMANDED to appear at the time, date, and place set forth below to testify at a deposition to be taken in this civil action. If you are an organization, you must designate one or more officers, directors, or managing agents, or designate other persons who consent to testify on your behalf about the following matters, or those set forth in an attachment:

Place: Robinson, Smith & Wells, PLLC 633 Chestnut Street, Suite 700 Chattanooga, TN 37450	Date and Time: 09/09/2020 1:00 pm
The deposition will be recorded by this method:	Stenographic means before a court reporter

☐ Production: You, or your representatives, must also bring with you to the deposition the following documents, electronically stored information, or objects, and must permit inspection, copying, testing, or sampling of the material:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

CLERK OF COURT

Signature of Clerk or Deputy Clerk

The name, address, e-mail address, and telephone number of the attorney representing (name of party) David Schilling, and David Holloway , who issues or requests this subpoena, are:

Kolby Duckett,

Janie Parks Varnell, DAVIS & HOSS, P.C., 850 Fort Wood Street, Chattanooga, TN 37403 (423) 266-0605

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No. 1:19-cv-00295

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

on (date)	_	(name of individual and title, if any)	4. Jack Sapp	
	served the subpoena by	delivering a copy to the named	individual as follows:	
	Certifie	Mais Return Re	on (date) 8.17.2020; or	
,	☐ I returned the subpoena		on (date) 8.17.207 ; or	
į e	•		tes, or one of its officers or agents, lad the mileage allowed by law, in the	
My fees	are \$	for travel and \$	for services, for a total of \$	0.00
	I declare under penalty of p	erjury that this information is tru	ie.	
Date:	8.20.2020		Klashy Server's signature	
			Printed name and title	
		850 Fest	Wood Street, Ch.++, TI Server's address	N 37403

Additional information regarding attempted service, etc.:

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Total Postage and Fees

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Postmark Here

CEKTIFIED WAIL

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

Chattanooga, TN 37403 850 Fort Wood Street

225T h662 0000 06TD 2TD2

Robinson, Smith & Wells, PLLC 633 Chestnut Street, Suite 700 Chattanooga, TN 37450 Keith H. Grant

THE PARTY OF COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. **Agent** Print your name and address on the reverse X K.G. R. S+L ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 50 8.17.30 Covid-19 or on the front if space permits. 1. Article Addressed to: No. If YES, enter delivery address below: Lt. Tack Sipp 40 Keith H. Grant Robinson, Smith + Wells PLLC 633 Chestnut Street, Suite 700 Ch-Honouga, TN 37450 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery 3. Service Type Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mall® ☐ Certifled Mail Restricted Delivery 9590 9402 3083 7124 8610 21 Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail ed Mail Restricted Delivery \$500) 2. Article Number (Transfer from service label) 7017 0190 0000 2994 1972 Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053